

## Application Data Sheet

### **Application Information**

Application number::

Filing Date:: 02/25/02

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

Sequence Submission::

Computer Readable Form (CRF)::

Number of copies of CRF::

Title:: Compositions and Methods for Enhancing Drug Delivery Across and into Ocular Tissues

Attorney Docket Number:: 019801-000240US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 31

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity  
Given Name:: Jonathan  
Middle Name:: B.  
Family Name:: Rothbard  
Name Suffix::  
City of Residence:: Cupertino  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 19500 Pruneridge Ave.  
City of Mailing Address:: Cupertino  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Paul  
Middle Name:: A.  
Family Name:: Wender  
Name Suffix::  
City of Residence:: Menlo Park  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 930 Siskiyou Ave.  
City of Mailing Address:: Menlo Park  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94025

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: P. Leo  
Middle Name::  
Family Name:: McGrane  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 110 Beacon Street  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94040

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: India  
Status:: Full Capacity  
Given Name:: Lalitha  
Middle Name:: V.S.  
Family Name:: Sista  
Name Suffix::  
City of Residence:: Sunnyvale  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 1333 Floyd Ave.  
City of Mailing Address:: Sunnyvale  
State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Thorsten  
Middle Name:: A.  
Family Name:: Kirschberg  
Name Suffix::  
City of Residence:: Mountain View  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 360 Chiquita Ave., #11  
City of Mailing Address:: Mountain View  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94041

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::  
This application is a Continuation-in-Part of 09/792,480 02/23/01

which is a Continuation-in-Part of 09/648,400 08/24/00  
which is a Non-provisional 60/150,510 08/24/99

## **Foreign Priority Information**

Country:: Application number:: Filing Date::

## **Assignee Information**

Assignee Name::

**Street of mailing address::**

**City of mailing address::**

**State or Province of mailing address::**

**Country of mailing address::**

**Postal or Zip Code of mailing address:**